

## Cobb County Commercial Permit Application Form

All applicable items must be completed before submittal to the Fire Marshal's Office. See page 2 for minimum plan requirements.  
INCORRECT, INVALID, OR INCOMPLETE INFORMATION MAY RESULT IN A STOP WORK ORDER AND ADDITIONAL FINES

\*\*\*\*Put date next to appropriate job type\*\*\*\*

Site \_\_\_\_\_ Shell \_\_\_\_\_ New Bldg \_\_\_\_\_ New Tenant \_\_\_\_\_ Add (Int / New) \_\_\_\_\_ Remodel \_\_\_\_\_

Other \_\_\_\_\_ Apt. \_\_\_\_\_ F/S Townhouse \_\_\_\_\_ Condo \_\_\_\_\_ Fire Damage (R / C) \_\_\_\_\_

New Bldg. Outside Dimensions \_\_\_\_\_ Septic ☐ Sewer ☐ Parcel ID# \_\_\_\_\_

Arch/Designer \_\_\_\_\_ Phone \_\_\_\_\_

Person Responsible for Plans \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

24 Hour Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Project Address \_\_\_\_\_ Suite \_\_\_\_\_

Job / Tenant Name \_\_\_\_\_

City \_\_\_\_\_ City Limits ☐ Acworth ☐ Kennesaw ☐ Powder Springs Zip \_\_\_\_\_

Complex Name \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building # \_\_\_\_\_ Stories in Building \_\_\_\_\_ Number of Buildings \_\_\_\_\_ Basement ☐ Yes ☐ No

Construction Cost \$ \_\_\_\_\_ Occupancy Type per NFPA 101 \_\_\_\_\_ O/Load per NFPA 101 \_\_\_\_\_

New Bldg. Sq. Ft. \_\_\_\_\_ New Tenant Sq. Ft. \_\_\_\_\_ Addition Sq. Ft. \_\_\_\_\_ Remodel Sq. Ft. \_\_\_\_\_

Construction Type per Building Code \_\_\_\_\_ Serving alcohol ☐ Yes ☐ No State tenant ☐ Yes ☐ No

Space Completely Sprinklered: ☐ Yes ☐ No Type \_\_\_\_\_ Req. by Code ☐ Yes ☐ No \_\_\_\_\_

(List code section)

Building Completely Sprinklered: ☐ Yes ☐ No Type \_\_\_\_\_ Req. by Code ☐ Yes ☐ No \_\_\_\_\_

Supervised System ☐ Yes ☐ No Req. by Code Section \_\_\_\_\_ (List code section)

Other fire protection system(s) \_\_\_\_\_ LSC Year \_\_\_\_\_

**Please check if building/job will have any of the following new work performed:**

**Electrical** ☐ Yes ☐ No **Plumbing** ☐ Yes ☐ No **Heating/Air** ☐ Yes ☐ No

**Fire Sprinklers** ☐ Yes ☐ No **Hood System** ☐ Yes ☐ No **Fire Alarm** ☐ Yes ☐ No

**Signature** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title/Relation** \_\_\_\_\_

\*\*\*\* Official Use Only - DO NOT WRITE BELOW THIS LINE \*\*\*\*

Building Department Comments \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Fire Comments \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

|                                   |                          |                          |   |
|-----------------------------------|--------------------------|--------------------------|---|
|                                   | FMO                      | Bldg.                    |   |
| Certificate of Occupancy Required | <input type="checkbox"/> | <input type="checkbox"/> | New Construction Only, O.C.G.A. 25-2-13: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Letter of Completion Required     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Special Inspections Required      | <input type="checkbox"/> | <input type="checkbox"/> | <b>PERMIT #</b>   |

## Cobb County Water System (CCWS) (770) 419-6327 and Health Department Requirements

1. Submit completed Commercial Permit Application to [CCWSPlanReview@cobbcounty.org](mailto:CCWSPlanReview@cobbcounty.org) or 770-419-6335 (fax) so that CCWS may determine if plan approval and water and sewer fees are required for the project. CCWS may request additional information in order to make a final determination. CCWS will mark the requirements on line A below and return the application. Allow five business days for CCWS to process. If required, plans must be approved and fees must be paid prior to submitting plans for structural plan review.
2. Health Department (770-435-7815) approval is required for septic systems, public swimming pools, restaurants/cafeterias, catering, bars, personal care homes, hotels/motels, body art businesses, etc. Go to [www.CobbAndDouglasPublicHealth.com](http://www.CobbAndDouglasPublicHealth.com) for more information.

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### Water System Use Only

A. Plan Approval Required: ☐ Yes ☐ No Fees Due: ☐ Yes ☐ No Signed: \_\_\_\_\_ Date: \_\_\_\_\_

B. Plans Approved On \_\_\_\_\_ Fees Paid On \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Fire Marshal's Office Requirements

Call Fire Marshal's Office (770) 528-8310 for plan review appointment

#### The Required Plan Review Information Needed In the Fire Marshal Plan Review Appointment:

1. Minimum of (4) sets of plans which contains:

| Minimum Required Information   | Pass / Fail | Minimum Required Information   | Pass / Fail |
|--|-------------|--|-------------|
| Job Name & Project Address on the plans  |             | Show a top view of the tenant location inside the building   |             |
| Overall area of the space shown – It must be scaled or show dimensions of each room      |             | Show all door, window and wall locations & Furniture Layout, merchandise, shelving/fixtures for the tenant space |             |
| Identify and label each room on the drawings   |             | Show all exit sign, emergency light & fire extinguisher locations  |             |
| Key Plan (Show the proximity of the space in conjunction with building and/or property ) |             | Scope of work letter (Explain the construction, if any, being done with your permit)                             |             |
| Complete egress route to outside the building (Show how to access two exits)             |             | Cash or Check to pay for the plan review, make checks payable to: <b>Cobb County Fire and Emergency Services</b> |             |

2. One complete set of plans on CD in PDF Format
3. Complete permit application (this **form**) before the start of your appointment; both sides.
4. Line A above must be completed and signed by Water System prior to appointment

**NOTE: PLANS SUBJECT TO REJECTION IF INFORMATION NOT SUFFICIENT TO DETERMINE CODE COMPLIANCE**

### Building Department Requirements Structural Plan Review Office (770) 528-2071

Plans must be approved by Fire Marshal prior to submittal for structural plan review. Review procedures are as follows:

- Renovations are reviewed as time permits; free standing buildings & additions are required to be dropped off for review. Review time varies depending upon the complexity of the plans.
- Any plans stating "Not Released for Construction" or similar are not acceptable.
- If required, Water System plan approval must be obtained and fees must be paid prior to plan submittal for structural plan review.
- Zoning approval may be required (770-528-2045).

In addition to the above requirements, the following steps are **mandatory before issuance of a Permit for a free standing building or addition.** (Energy Affidavit, Temporary Pole and Temporary Power forms must accompany this application).

- ☐ Land Disturbance Permit issued by Site Plan Review. (770-528-2147)  
LDP #: \_\_\_\_\_
- ☐ Address Verification issued by Cobb County GIS. (770-528-2002)
- ☐ Grading Permit (On site Erosion Control Approval) issued by Site Inspections. (770-528-2142)  
Grading #: \_\_\_\_\_
- ☐ Architectural Design Worksheet completed.  
Required: \_\_\_\_\_ Actual: \_\_\_\_\_
- ☐ Statement and Schedule of Special Inspections. (See [www.seaog.org](http://www.seaog.org) for forms and example.)
- ☐ Health Department Approval. (770- 435-7815)
- ☐ One Complete Set of Plans on CD in PDF Format
- ☐ Georgia Business License #: \_\_\_\_\_
- ☐ Erosion Control Certification (See [gaswcc.georgia.gov](http://gaswcc.georgia.gov)) #: \_\_\_\_\_
- ☐ State Contractor License: Type \_\_\_\_\_ # \_\_\_\_\_

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### Zoning Department Use Only

Comments \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_